

**DEPARTMENT OF PERSONNEL ADMINISTRATION  
BENEFITS DIVISION**

**COBRA Continuation Coverage Monthly Premiums Effective January 1, 2007**

<b><u>Carrier/Address</u></b>	<b><u>Plan Type</u></b>	<b><u>Covered Persons</u></b>	<b><u>1 Party</u></b>	<b><u>2 Party</u></b>	<b><u>3 Party</u></b>
Delta Dental	Enhanced	Excluded employees and their eligible dependents	\$49.84	\$99.21	\$139.61
Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 COBRA – State of California 1-800-296-0192	Basic	Rank and File employees	\$47.89	\$84.37	\$122.41
	Basic	Eligible dependents of Rank and File employees	\$40.98	\$61.75	\$80.97
	PPO	Excluded & Rank and File employees and their eligible dependents	\$41.31	\$81.03	\$122.29
SafeGuard P.O. Box 30910 Laguna Hills, CA 92654-0910 Attn: COBRA UNIT Billing and Eligibility 1-800-880-1800	Standard	Rank and File employees and their eligible dependents	\$15.41	\$24.97	\$34.98
	Enhanced	Excluded employees and their eligible dependents	\$15.08	\$25.52	\$31.44
PMI 12898 Towne Center Drive Cerritos, CA 90703 Attn: COBRA UNIT 1-800-422-4234	Basic	Excluded & Rank and File employees and their eligible dependents	\$17.70	\$29.04	\$40.17
Vision Service Plan P.O. Box 997100 Sacramento, CA. 95899-7100 Attn: COBRA UNIT 1-800-852-7600	Basic	Excluded & Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Bargaining Unit 5 employees should contact their Personnel Office for COBRA dental premiums information. Unit 5 employees have vision coverage through the State-sponsored Vision Service Plan (VSP) and the COBRA vision premiums reflected above apply. Bargaining Unit 6 employees should contact their Personnel Office for COBRA dental and vision premiums information.